

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400088802

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31329-00 6. County: WELD
7. Well Name: NRC Well Number: 3-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
Footage at surface: Direction: FNL Distance: 1320 Direction: FWL Distance: 1194
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 666 Direction: FNL Distance: 1977 Direction: FWL
at Bottom Hole Distance: 669 Direction: FNL Distance: 1979 Direction: FWL

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/30/2010 13. Date TD: 08/02/2010 14. Date Casing Set or D&A: 08/03/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8615 TVD 8515 17 Plug Back Total Depth MD 8560 TVD 8460

18. Elevations GR 5021 KB 5038

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

PRELIMINARY FORM 5

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| SURF | 12+1/4 | 8+5/8 | 24# | 1,012 | 680 | 1,012 | 0 |
| S.C. 1.1 | 7+7/8 | 4+1/2 | 11.6# | 8,598 | 150 | 8,598 | 5,723 |
| S.C. 1.2 | 7+7/8 | 4+1/2 | 11.6# | 5,723 | 690 | 5,723 | 920 |

REMEDIAL CEMENT

Cement work date: _____

Details of work:

DV TOOL @ 5723'

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | S.C. 1.1 | 8,598 | 150 | 5,723 | 8,598 |
| DV TOOL | S.C. 1.2 | 5,723 | 690 | 920 | 5,723 |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| PARKMAN | 4,254 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,735 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,240 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,459 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,750 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,772 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 8,213 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| DAKOTA | 8,390 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|--------------------|---|
| 400088803 | DIRECTIONAL SURVEY | Anadarko NRC 3-9 Final Survey 8-19-10.pdf |
| 400088804 | CMT SUMMARY | NRC 3-9 SURF CMT TKT.pdf |

Total Attach: 2 Files